


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 034 ***150.00

DOCUMENT # P04000144215	
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1. Entity Name
DAYTONA BEAUTY, INC.

Principal Place of Business 1027 NORTH NOVA RD. SUITE 107-108 DAYTONA BEACH, FL 32117	Mailing Address 1027 NORTH NOVA RD. SUITE 107-108 DAYTONA BEACH, FL 32117
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2. Principal Place of Business - No P.O. Box # 1324 E. Int'l Speedway Blvd Suite, Apt. #, etc. C-4 City & State Daytona, FL Zip 32124 Country USA	3. Mailing Address 1324 E. Int'l Speedway Blvd Suite, Apt. #, etc. C-4 City & State Daytona, FL Zip 32124 Country USA
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04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DEAN, GESELL F 1027 NORTH NOVA RD. SUITE 107-108 DAYTONA BEACH, FL 32117	7. Name and Address of New Registered Agent Name DEAN, GESELL F. Street Address (P.O. Box Number is Not Acceptable) 210 KENSINGTON AVE City Daytona FL Zip Code 32124
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, GESELL F 1027 NORTH NOVA RD. SUITE 107-108 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07